MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34120

File No. 34120

Registered No. 320

1. PLACE OF DEATH

County Marion

Township Liberty

City XXXX (No. ..... St. ..... Ward)

Registration District No. 548

Primary Registration District No. 30 mg

Mississippi (Hunter) 5740

2. FULL NAME Chas. Garber

(a) Residence. No. Jacks Island Dist. 39 St., ... Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Years 38 | Months Don't Know | Days Don't Know | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Goverment Fleet

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

14. INFORMANT: Rolla Garber
(Address): Dump City Ill.

15. FILED Dec 5, 1927 C. E. Shide
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw him alive on ..... 19..., and that death occurred, on the date stated above, at About 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Drowning in Mississippi River

183

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Roland C. Leach M.D.

19..., (Address) Hannibal Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: 12/2 1927

20. UNDERTAKER: Wm. M. Smith

ADDRESS: Hannibal, Mo.

N. B. CAUSE OF DEATH should be stated in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Marion — Registration District No.: 5-48 — File No.:

Township: Liberty — Primary Registration District No.: 5-740 — Registered No.: ~~320~~ 49

City: (No. Mississippi River St. Ward)

2. FULL NAME Chas Garber

(a) Residence. No. Jacks Island Dist. 39 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Div

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dont Know

7. AGE — Years: Dont Know — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Government Fleet
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Can

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT: Dolla Garber
(Address) Dumpcity Ill. Fiancee

15. FILED 12-20, 1927 Dumpcity Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above at Abt 10 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental drowning in Mississippi river

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas A. Scott, M.D. Coroner
12-30, 1927 Marion Co - Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 12/28 1927

20. UNDERTAKER: Wm. M. Smith — ADDRESS: Hannibal Mo

SUPPLEMENTARY

N. B. —Every item of information should be given. ... AGE cannot be omitted. Dates LEGALLY. PHYSICIANS should give CAUSE ... in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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